



State of New Hampshire  
Department of Environmental Services  
Asbestos Management and Control Program



**Application for License**

**ASBESTOS DISPOSAL SITE CONTRACTOR**

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature(s) must be in ink. Photocopies of the signed form are NOT acceptable.

**I. APPLICANT:**

Name of Applicant: \_\_\_\_\_

Business Location: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

**New Application:** \_\_\_\_\_ **Renewal Application** \_\_\_\_\_

License Number and Issue Date of Expiring/Expired License: \_\_\_\_\_  
(Attach copy of current license.)

**II. APPLICATION INFORMATION:**

(a) The Applicant is (check one)

\_\_\_\_\_ An Individual/Sole Proprietorship

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ A Corporation

State of Incorporation: \_\_\_\_\_

\_\_\_\_\_ A Partnership

Partnership Name: \_\_\_\_\_

State of Formation: \_\_\_\_\_

\_\_\_\_\_ Other Association or Organization:

Association Name: \_\_\_\_\_

State of Formation: \_\_\_\_\_

\_\_\_\_\_ Political Subdivision/Public Entity

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

(b) Enter name under which filing was made with the NH Secretary of State and indicate the entity status.

\_\_\_\_\_

**III. PRINCIPAL CONTACT:** The following individual is affiliated with and designated by the applicant to be the contact for this organization.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**IV. RESPONSIBLE PERSONS**

- (a) List the names, titles, dates of birth, and addresses of all responsible persons required by these rules. (Attach additional sheets if more space is needed.)

Name	Title	Date of Birth	Address

- (b) Responsible person(s) certified as asbestos disposal site (ADS) worker(s) pursuant to Env-A 1812 and actively involved with decisions regarding the license and related matters.  
*Signatures of these individuals are required in Section VII.* (Attach additional sheets if needed.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ ADS Certificate # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ ADS Certificate # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

\_\_\_\_\_

**V. LICENSING HISTORY:**

yes      no

☐      ☐

1. Is the applicant currently or has the applicant ever been licensed or certified as an asbestos entity, contractor, or as an asbestos professional in New Hampshire?

LICENSE OR CERTIFICATE TYPE	DATE ISSUED	LICENSE OR CERTIFICATION NUMBER

☐      ☐

2. Has the applicant or any of its responsible persons ever been convicted of or plead guilty or no contest to a felony or misdemeanor in any state or federal court for a violating an environmental, health or safety requirement, or are you currently the subject of any such action?

☐      ☐

3. Has the applicant or any of its responsible persons ever owned, operated, or been in responsible charge of a business or other facility that, during their association therewith, was the subject of an administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

☐      ☐

4. Has the applicant or any of its responsible persons ever been the subject of any administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

☐      ☐

5. Is the applicant or any of its responsible persons currently in violation of any environmental, health, or safety requirements?

☐      ☐

6. Is the applicant or any of its responsible persons currently out of compliance with any civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order for any violation of environmental, health, or safety statutes or rules?

☐      ☐

7. Has the applicant or any of its responsible persons failed to pay, or are they out of compliance with the payment schedule for any administrative fine assessed for a violation of environmental, health, or safety requirement?

If you answered yes to any of the above questions, please attach a detailed explanation and current status information.

**VI. WORK HISTORY** Attach a list of asbestos disposal site projects conducted by the license holder since the date the expiring license was issued. Include the following for each: If the answer is **none**, please check here: ☐

Site Location,    Property Owner,    Project Start Date,    Project Status,  
Project Contact Person & Phone Number,    and,    Project Site Supervisor.

**VII. WORKERS** List all individuals authorized to work under the authority of this license, if issued, that will be performing work relating to the disturbance of asbestos at asbestos disposal sites.

Include the following for each individual: (Attached additional sheets if needed.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

(a) Is this person certified as an asbestos disposal site worker (ADS)? ☐ Yes, ☐ No

If "Yes" ADS Worker Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If "No" Date Application for certification as ADS Worker was or will be made: \_\_\_\_\_

Date training in accordance with Env-A 1813 was or will be obtained: \_\_\_\_\_

(b) Does this person meet the requirements of either a competent person in 20 CFR 1926.1101, or an on-site supervisor in 29 CFR 1910.120, or both? ☐ Yes, ☐ No

**VIII. STATEMENT OF COMPLIANCE:**

You must read or have read to you the following statement and sign on the line provided.

To the best of my knowledge and belief, the information and material submitted herein is correct and complete. I understand that any license granted by the Department based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by the Department, without alteration of the text.

SIGNATURE: \_\_\_\_\_ Type or Print Name: \_\_\_\_\_

TITLE: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signatures:

Responsible Persons from Section IV (b):

*I am aware that this application is being filed and that I am being listed as a responsible person involved with decisions regarding the license and related matters:*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **IX. MAILING INSTRUCTIONS**

Send completed application to:

NH DES  
Attn: Asbestos Licensing Program  
PO Box 95 - 29 Hazen Drive  
Concord, NH 03302-0095

Telephone: 603-271-4609

***DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$250.00 AS SPECIFIED IN Env-A 1811.04(d)***

***CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO: "TREASURER, STATE OF NH"***

***RSA 293-A: requires businesses transacting business in NH to obtain a certificate of existence/authority from the NH secretary of state's office. Questions should be directed to the Secretary of State Corporate Division at (603) 271-3246.***